

# Workshop Theatre

## Audition Form

**THE ADDAMS FAMILY YOUNG@PART** Auditions  
**February 10 at 11 am – 1 pm**  
**-OR- February 10 at 2 – 4 pm**

**Please PRINT clearly**

Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Parent Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Age: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Are you willing to change/cut it? **YES / NO**

Are you willing to remove wedding rings/other jewelry? **YES / NO**

Role(s) desired (in order of preference): ANY? **YES / NO**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

If not cast in these roles, will you accept another role? **YES / NO**

If not cast, are you interested in a production job? **YES / NO**

Previous Roles/Theatrical Experience: (You may attach a resume or list more on back, if necessary.)

---

---

---

---

NO CONFLICTS ONCE TECH BEGINS. Please list ALL conflicts through the run of the show.

---

---

---